



Application for Registration of Neighborhood Association Raleigh, North Carolina

This contact information is vital to the continued success of the Neighborhood Association Registry and to your own group's communication abilities as it relates to other communities. Your participation will assist us with the ability to reach your designated association contact and aid in the goal of increasing citizen participation.

Date _____

Name of Organization _____

Date formed _____

Which Citizens' Advisory Council (CAC) area are you located within? _____

Represents (Approximate Number) People _____ Homes _____ Businesses _____

Other (explain) _____

Direct all mail and contacts to (please print)

Name _____ Title _____

Address _____

City _____ Zip Code _____

Day Phone _____ FAX _____

Other _____ Email _____

List other representatives or officers.

Name _____ Title _____

Address _____

City _____ Zip Code _____

Day Phone _____ FAX _____

Other _____ Email _____

Name _____ Title _____

Address _____

City _____ Zip Code _____

Day Phone _____ FAX _____

Other _____ Email _____

Organization boundaries (identify by streets and natural boundaries, include which side of these features are in your area.) You may also want to **attach a map** or written supplement to further describe your area.

North _____ East _____

South _____ West _____

When are the elections of your officers (held) to be held? *Example: the first Thursday in January*

This organization can best be described as a:

_____ Neighborhood Association

_____ Special Interest Neighborhood Group

_____ Homeowners Association

_____ Block club or Community Watch Group

About how often does this group meet?

_____ Approximately once a month

_____ At least quarterly

_____ At least once a year

_____ Currently inactive

Is membership to your organization open to anyone who lives or owns property in the neighborhood - regardless of race, creed, color, sex, age, national origin, physical or mental disability? _____

Are you beginning a new neighborhood association? _____

If not, how many years have you been in existence? _____

Provide a brief Statement of objectives and goals reflecting the interest of your neighborhood.

What are the major activities of your organization?

Do you have a block captain or community watch program in your neighborhood? _____

Is a copy of your Constitution/Bylaws/principals of operation attached? _____

Application Completed by (Print Name) _____

Applicant's Title _____

Applicant Signature _____

By your signature on this section of the application, you are authorizing the Community Services Department to place the above information on their webpage that pertains to the list of neighborhood associations contained in the Raleigh Neighborhood Association Registry. Having your neighborhood association contact information on the internet will allow you to enhance networking with other neighborhood associations and your neighbors.

I hereby give permission for the Community Services Department to post my organization's contact person's information on the City of Raleigh website.

Signed: _____ **Date:** _____

****Without a signature here, only the name of your organization will appear as a Registered Neighborhood Association on the City's Website.**

You will receive a Registered Raleigh Neighborhood Association Certificate upon acceptance of your application. The City of Raleigh Community Services Department asks that you let us know when your association's leadership changes so we can update the registry.

Please return to:

Community Services Department, Neighborhood Association Registry,
PO Box 590, Raleigh, NC 27602, **Phone:** (919) 831-6100 FAX (919) 831-6123.

Note: As a public record, the information contained on this form is subject to the Public Records Law regarding access.

